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Conflicts of Interest and Distribution of Resources to Community Partners: An Organizational Ethics Dilemma

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Abstract

Background: Conflicts of interest can arise when faculty and staff administer programs that distribute research funds, training opportunities, and other resources across academic and community partners. We describe the ethical concerns encountered by a Clinical Translational Science Award (CTSA) program in administering its community-focused pilot grant program and how its Research Bioethics Consultation service helped to address them.

Ethical Concerns: CTSA program faculty and staff identified ethical concerns in several areas, including appropriateness of including Regional Research Collaborations (RRC) faculty as principal or co-investigators on applications, determining how much help RRC faculty and staff should provide to

prospective applicants, and creating a fair and effective application review process.

Discussion: The CTSA program identified common goals and values for its community-focused pilot grant program, and resolved the conflicts of interest with the new pilot grant policies. This approach could generalize to conflicts of interest that arise in other academic–community partnerships.

Keywords

Ethics, community health partnerships, education, power sharing, process issues

Academic medical research programs can experience ethical challenges, based on conflicts of interest, when offering and administering resources such as research funds and training opportunities. Although conflicts of interest most commonly are framed as occurring between personal financial interests and professional goals in research and education,^{1,2} in academic research programs these conflicts of interest can also occur between academic investigators' professional goals and the overarching programmatic responsibilities.³

Academic faculty and staff members affiliated with research centers and training programs develop strong collaborative relationships with investigators and organizations whose work aligns with theirs. Research centers and programs distribute resources to support research, and existing collabo-

rators may be natural applicants for these resources. Previous or ongoing collaborations can provide insights into researchers' likelihood of success, which may bias academic faculty and staff during a proposal review process. Yet for research centers with an open application process to distribute these resources, all applicants, regardless of their prior relationship with the granting organization or its personnel, should receive a fair and unbiased evaluation of their applications. Academic faculty and staff affiliated with research centers or educational programs might experience tension between obligations to fairness and stewardship and the existing collaborations they have developed.^{4,5} These tensions also surface in the context of community partnerships, where a research center's relationships with its community partners can conflict with the center's overarching obligations to fairness and stewardship

with regard to funding of research programs.⁶ Fairness, as well as the perception of fairness regarding equal access to funding and program support during the application process, is vital to maintaining trust and to conducting effective community-engaged research.

PURPOSE OF ARTICLE

The purpose of this paper is to describe how, using the Research Bioethics Consultation service, a CTSA program, the Institute of Translational Health Sciences (ITHS), addressed key ethical concerns raised during administration of its community-focused pilot grant program. The ITHS’ RRC program fosters engaged partnerships between academic investigators at the ITHS and diverse community-based organizations. These have included rural-serving primary care practices, American Indian and Alaska Native community organizations and Hispanic-serving community based organizations (Figure 1). We first describe the setting of the RRC program and its pilot awards, as well as the ethical concerns encountered in administering this awards program. We then describe the bioethics consultation process, including 1) clarifying RRC pilot

program goals, priorities, and values, 2) identifying key sources of conflicts of interest, and 3) creating RRC pilot program policies matched to its goals, priorities, and values. Finally, we summarize the findings of the bioethics consultation process and RRC program actions taken as a result of the consultation.

The ethical concerns, including those related to potential conflicts of interest for program faculty and staff, may be very similar to challenges encountered by educational and research programs, such as center-based programs that offer funding to academic investigators, and training programs that offer educational opportunities to trainees. By sharing the bioethics consultation process and its outcomes, we offer a detailed approach, which may be effective for addressing common challenges where conflicts of interest might influence the distribution of limited resources.

SETTING

The ITHS RRC Program

The RRC Program supports community engagement activities within the ITHS, a CTSA⁷ hub dedicated to advancing the

Figure 1.

translation of scientific discovery into clinical practice across the five-state Washington, Wyoming, Alaska, Montana, and Idaho region. Community engagement in the CTSA program is intended to improve community health by engaging community members and organizations across the translational research science spectrum and promoting dissemination and implementation of effective health innovations.¹⁴ The RRC program developed three diverse regional community-based networks with distinct priorities, each coordinated by different staff and faculty: 1) the five-state Washington, Wyoming, Alaska, Montana, and Idaho region Practice and Research Network of primary care clinical practices,^{10,11} 2) the Native American Clinical Research Network of tribal and American Indian community health entities, and 3) the Hispanic Community Outreach Program of Hispanic-serving community-based organizations (Figure 1). Each community-based network was supported by its own Coordinating Center comprising one or two academic investigators and one or two program staff members who were involved in considering the ethical concerns outlined in this manuscript alongside the Research Ethics Consultation service, many of whom contributed to this report. Co-authors Cole and Baldwin are academic investigators and faculty in the RRC program, and co-authors Keppel and Mollis are research scientists and program coordinators in the RRC program.

Partnerships

The ITHS fosters translational research that benefits patients and communities throughout the Washington, Wyoming, Alaska, Montana, and Idaho region. The RRC program has promoted community engagement in this research by supporting infrastructure that links community-based partners with academic investigators, and by providing pilot funding to academic investigators to conduct research in collaboration with community-based partners. Each of the RRC program networks has been built on a foundation of trusted, enduring collaborations between RRC faculty and staff, and the participating community organizations. These partnerships have been governed through highly participatory steering committees or advisory groups, comprising both community members and network faculty and staff, who meet on a regular basis to guide network activities. Figure 1 highlights the relationships between the RRC program networks and the ITHS.

RRC Program Pilot Funding Awards

In 2012, the RRC initiated a cycle of pilot funding that offered three small pilot grants totaling \$45,000. The pilot program aimed to support academic investigators in conducting translational research projects in collaboration with one or more partners from one of the RRC regional networks. The Coordinating Centers from each partner network of the RRC solicited letters of intent (LOIs) from academic investigators and facilitated connections between investigators and clinical or community partners. The RRC reviewed all LOIs and invited the top applicants to submit full applications, which were reviewed by an independent review committee. Although RRC faculty and staff were excluded from review committee participation, each RRC network suggested potential reviewers, including representatives from its respective community partners.

Research Bioethics Consultation Service

The Research Bioethics Consultation service provides advice to investigators when concerns arise at any point in the research life cycle.⁸ The service includes five faculty and staff consultants who are supported by the ITHS but who are independent from the University of Washington Institutional Review Board. The consultants participate in the Clinical Research Bioethics Consultation Collaborative (<https://www.ctsabiethics.org>), which shares consultation practice approaches to promote ethical clinical research. Co-authors Kuwana and Wilfond are bioethics consultants. The consultation process includes clarification of issues and facts, engagement with stakeholders and analysis of issues, and the development of recommendations.⁹ The consultation process supports development of recommendations to address specific ethical dilemmas and can contribute to creation of broader policy changes where applicable.

Ethical Concerns

During the course of administering the 2012 pilot funding program, RRC faculty and staff identified several ethical concerns inherent to the process. The ethical concerns raised were 1) should RRC investigators or staff be able to apply for, or be included in pilot grant proposals, 2) how much help should RRC investigators and staff provide to investigators in developing proposals, and 3) should RRC investigators and staff be involved in review of applications prior to submission?

The three distinct research networks in the RRC program, each with its own faculty and staff, approached these concerns differently. Additionally, several of the RRC faculty and staff previously had worked closely with some individuals who were eligible to apply for the grants. This led to a concern that RRC faculty and staff might be inadvertently biased toward applicants who they had worked with previously or with whom they had ongoing working relationships, and this could be perceived as unfair. The RRC program decided to seek outside consultation and contacted the ITHS Research Bioethics Consultation team for help in addressing these concerns.

KEY POINTS

Need to Clarify RRC Pilot Program Goals, Values, and Priorities

The RRC program director and administrator created a one-page description of the pilot program and the concerns that had emerged, then reviewed this one-page summary at the initial in-person meeting with the bioethics consultation team. This discussion highlighted that a potential conflict of interest for RRC program faculty and staff was the core issue underlying the ethical concerns raised about the pilot program process. The bioethics team recommended that a first step toward addressing the ethical concerns would be a meeting

with faculty and staff from the three research networks to clarify the joint goals and priorities of the RRC pilot program. At the meeting, it became apparent that the pilot program’s dual stated aims of engaging clinical and community partners while also nurturing academic investigators created some ambiguity for the program’s goals and priorities. These dual foci created two potential sets of stakeholders (clinical/ community partners and academic investigators) for whom the perception of fairness and transparency was important. Within each of these stakeholder groups, there were partners with whom the RRC program had worked closely with in the past.

Over the course of two 90-minute meetings, the RRC program faculty and staff clarified three primary goals of the RRC pilot program: 1) to encourage new collaborations between academic investigators and clinical/community partners rather than providing ongoing funding to established collaborations (defined as partnerships in which academic investigators and clinical/community partners had already initiated or successfully completed pilot or large-scale research), 2) connect RRC research networks with investigators as academic partners, and 3) support projects that lead to or provide the foundation for larger scale research projects. The RRC faculty and staff next identified two common values of the

Table 1. Ethical Concerns and Proposed Solutions	
Ethical Concern	Proposed Solutions
Should RRC faculty or staff be able to apply for proposals?	RRC program members are not eligible to apply for or serve as co-investigators. RRC program will create a publicly available document summarizing the goals of the pilot program.
Can RRC faculty or staff be included as co-investigators or key personnel on proposals?	RRC program faculty and staff will offer a fixed number of hours of post-award support to each pilot project to ensure its success.
How much help should RRC faculty and staff provide to investigators in developing proposals?	RRC program faculty will offer the same limited pre-award support to all applicants. Information about the amount of pre-award support will be publicly available and offered equally to all applicants.
Should RRC faculty and staff be involved in review of applications before submission?	LOI and applications will be scored using a standard rubric, which will be made publicly available. RRC program faculty and staff will review all LOI specific to their regional network to ensure compatibility with their network. All LOI will be reviewed by at least one RRC program member from another network. Full applications will be reviewed for scientific merit and scored by an external review committee. Funding decisions will be consistent with the scores awarded by the external review committee, but RRC program members will provide input to ensure feasibility of the research in the networks.

Notes: LOI, letters of intent; RRC, Regional Research Collaborations program.

RRC pilot program: 1) fairness, and the perception of fairness by the RRC regional networks, and 2) respect for community partners as equal collaborators in research.

Identifying Key Sources of RRC Program Conflicts of Interest

As outlined by Davis¹⁵ and Pritchard,¹⁶ conflicts of interest can occur when an individual charged with making decisions on behalf of other people is subject to influences that could lead to the individual making decisions that do not benefit the other parties. As the RRC pilot program primary goals and values were identified, the sources of the conflicts of interest were confirmed. RRC faculty and staff were charged with administering the pilot program, yet they also had collaborative relationships with academic investigators who were interested in applying for pilot funds. Thus, they were subject to influences that could create potential conflicts of interest when selecting and supporting pilot awardee applicants. To support and maintain trusting relationships as well as to ensure respect for community partners as research collaborators required the RRC to assist investigators with their pilot applications and with conducting their research. At the same time, the RRC program sought to maintain fairness—and the perception of fairness—throughout this pilot program application process. Providing varying amounts of assistance in response to requests by different RRC pilot program applicants could be perceived as unfair, especially if the RRC faculty or staff had preexisting working relationships with some of the academic investigators. The potentially competing priorities of supporting trusting relationships with community/academic partners and maintaining fairness in the pilot program administration resulted in a significant conflict of interest for RRC program faculty and staff.

Creating RRC Pilot Program Policies Matched to Its Goals and Values

Once the RRC pilot program goals, values, priorities, and key conflicts of interest were well understood, the bioethics team organized a subsequent hour-long meeting with a small working group of RRC program faculty and staff to develop pilot program policies that addressed the identified ethical concerns, while ensuring adherence to the agreed upon program goals and values. Below are examples of programmatic concerns and proposed solutions that the small working group reviewed and discussed.

Policy Question 1: Should RRC Faculty Be Permitted to

Apply for Pilot Funding Through the RRC Pilot Grant Program?

RRC program faculty members are likely to have important ideas for pilot projects that fit clinical/community site interests and the call for pilot proposals. Using the pilot grant program, however, to support RRC program faculty projects might result in missed opportunities to engage investigators new to community-based research and potentially compromises the perception of fairness among applicants. We proposed as a solution that RRC program faculty members should not be eligible to apply for pilot funding or serve as co-investigators on pilot applications. This solution addresses a key conflict of interest between RRC faculty administering the pilot program and potential pilot applicants, where RRC faculty may have conflicting loyalties to certain community partners or certain academic investigators. The RRC program would create a publicly available document that summarized the goals of the pilot program and outlined how the RRC program staff would offer a fixed amount of support to every awardee to ensure success of the project.

Policy Question 2: What Is the Best Way to Include RRC Program Faculty in the Pilot Grant Review Process? RRC faculty members may have unique and in-depth knowledge about the networks with which they work and thus have the experience to carefully evaluate pilot applications. This familiarity, however, could create the potential for RRC program faculty and staff, however inadvertently, to favor a particular application over others because of their familiarity with the applicant. As a proposed solution, RRC program faculty and/or staff should review all LOI specific to their RRC regional network to ensure compatibility between the project and the network. To reduce potential conflicts of interest for RRC program faculty and/or staff, all LOI should also be reviewed by at least one RRC program faculty or staff member from another RRC network. Full applications should be reviewed for scientific merit and scored by an external review committee. Although the initial review and selection of LOI by the RRC program staff focused on selecting applications that met program goals, the external review committee focused on selecting the most scientifically meritorious applications, which was a criteria established by the funding organization, the ITHS. All LOI and full applications would be scored using a rubric that would be made available to applicants to maintain transparency. Funding decisions should be consistent with

the scores awarded by the external review committee, but RRC program faculty and staff should provide input to ensure feasibility of the research in the networks.

Once the small group agreed on the proposed solutions, the solutions were presented to the larger group for detailed discussion and refinement. Table 1 summarizes the ethical challenges and the changes to the RRC pilot program that addressed these challenges. As a result of engaging the bioethics team and adopting the proposed solutions that the process generated, the RRC revised the pilot program prospectus to clearly outline the goals of the pilot program. The RRC also updated all website and printed materials to reflect the agreed upon goals and procedures. Moreover, the RRC agreed to meet with all interested academic investigators, providing up to 10 hours of pre-award consultation, and waiving all network coordination fees for pilot recipients. These approaches ensured that all applicants were offered the same amount of program support and ensured that RRC faculty and staff members were not beneficiaries of pilot funds.

CONCLUSIONS

Ethical concerns can arise when allocating resources from a research funding or training program that has relationships with diverse constituencies, including academic investigators and clinical/community partners. The RRC program became aware of potential conflicts and sought to resolve these concerns using the guidance of a Research Bioethics Consultation Team. The key components of the bioethics consultation included working with teams from the three distinct research networks to clarify and agree on unified program goals and values. In the process of clarifying the goals and underlying

values, the RRC program was able to identify the key conflicts of interest and refine the implementation of the pilot program to address these conflicts and promote the goals of the program. The bioethics team was critical in leading each step of the group process, clarifying the concerns and issues, serving as facilitators during discussions, keeping detailed notes, and summarizing decisions and results. A timeline of the activities and results is shown in Table 2.

The RRC program learned that the relationships between each of the RRC program constituents—in this case program faculty and staff, community partners and academic investigators—and the role that the program faculty and staff should play in the grant application process were ambiguous. These relationships can be visualized as concentric circles, with an inner circle encompassing the RRC program with its faculty and staff, a middle circle that may include academic investigators and/or community partners with whom the RRC has collaborated in the past, and an outer circle representing academic investigators or community partners with which the RRC has not yet collaborated, but who might be interested in becoming more involved with collaborative research. The RRC faculty and staff experienced conflicts between a desire to engage new partners and administer the program fairly for the outer circle, and a desire to support the pre-existing relationships in the middle circle. Conflicts of interest like this can arise across diverse settings within academic research, at both the individual and institutional level,¹² and training programs might encounter role ambiguity that contributes to potential conflicts of interest.¹

We learned that decisions necessarily involved trade-offs. For example, by not allowing RRC faculty to apply for pilot

Table 2. Timeline and Process			
Meeting Dates	Meeting Duration	Meeting Goal	Meeting Participants
4/2013	60 mins	Clarify the ethical question and develop a plan to resolve	RRC leaders
6/2013 7/2013	90 mins 90 mins	Clarify goals, values and priorities	RCC leaders and Representatives from the three programs
9/2013	60 mins	Create pilot program policies matched to goals and values	Representatives from the three programs
10/2013	60 mins	Finalize the approach with program leadership	ITHS, RRC leaders and RRC representatives

Notes: ITHS, Institute of Translational Health Sciences; RRC, Regional Research Collaborations program.

grants, it is possible that excellent research ideas highly responsive to community or clinical organization needs would not be brought forward. We decided, however, that ensuring the pilot application process met the goal of encouraging investigators new to research with RRC communities was more important. To mitigate the potential consequences of this decision, RRC faculty members could work to identify alternative potential funding opportunities that would appropriately support these research ideas. If we had prioritized other values and goals, the outcome of this bioethics consultation likely would have taken a different direction. Frequently when ethical concerns arise, there is no single correct answer, and reconsideration of the situation as new concerns arise is often warranted.

Addressing the ethical concerns raised by RRC program staff was facilitated by consultation with the Research Bioethics Consultation team, which is supported by the local CTSA program. In 2010, 70% of CTSA programs included bioethics consultation services.¹³ Thus, research centers or educational programs that encounter similar ethical concerns in the administration of limited resources could consider consultation with a local bioethics consultation service. The processes and recommendations described in this paper, which included clarifying program goals, values, and priorities, identifying sources of conflicts of interest, and creating policy changes to address ethical concerns, can be generalized to a diverse array of research centers and educational programs that offer pilot funding and training. The bioethics team provided important support to the RRC program, first by facilitating discussion across a diverse group of individuals with disparate goals and values, and second by providing a synthesis of all information gathered from the group.

Our findings could apply to diverse academic programs and nonprofit organizations. For example, programs that offer training grants might experience similar conflicts when recruiting well-qualified applicants, some of whom they might know through prior collaborations with their program. Nonprofit organizations that offer grants for community-building activities and programs might also benefit from exercises to clarify program goals and values as well as to identify potential conflicts of interest, and use these findings to guide development and refinement of program policies.

There are several potential limitations to our findings

and recommendations. Because the conflict of interest was identified by RRC program faculty and staff rather than by community partners, we did not include community partner input into the internal process used by the RRC program to address the ethical concern described in this article. The incorporation of community partner feedback perspectives into the RRC program's values and creation of the plan for conflict resolution is a potential future next step, and could add depth to our policies and program. Confirming partners' agreement with our policy changes and recommendations will be an important step in ensuring the pilot funding program continues to meet its stated goals and objectives. A second limitation is that we have not conducted a formal evaluation of the impact of our policy changes on the strength of our community partnerships or the quality of research conducted in RRC program networks. We will explore the possibility of collecting both qualitative and quantitative information from future pilot grant applicants and awardees, as well as input from community partners, to evaluate the effect of the policy.

RECOMMENDATIONS

We describe a series of ethical concerns and associated conflicts of interest that arose in the administration of a pilot grant program in an academic research setting. Consultation with bioethics experts allowed the RRC program, with representatives from its three diverse networks, to identify common goals and values for its pilot grant program and subsequently use those goals and values to address the conflicts of interest through the development of new pilot grant policies. Clarifying goals and values through a bioethics consultation and resulting RRC discussions, and using the results to create policies consistent with newly defined program goals and values is a process that may generalize to other academic research programs, training programs, and nonprofit organizations that face similar conflicts of interest.

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